1900000818

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A. RIVERS MAY - 5 2023

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TO:

	Registration So Division of Co					
RODEC SUBJECT:		INER KISSIMMEE LLC				
SUBJEC	.l:	Name of Limi	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Ahmed Elghonemy				
			Name of Person			
			Firm/Company			
		3520 Mount Vernon Way	12000000000	10000		
		Address				
		Kissimmee, FL 34741				
		City/State and Zip Code				
		ahmed.elghonemy22@iclou E-mail address: ()	d.com to be used for future annual	report notification)	_	
For furth	er information (concerning this matter, please ca		•		
Ahmed I	Elghonemy			4-9932		
-	Name o	of Person	Area Code	Daytime Telephone Nu	mber	
Enclosed	is a check for t	he following amount:				
■ \$ 25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end	Certi	0 Filing Fee, ificate of Status & ified Copy is enclosed)	
	Mailing Addre Registration		<u>Street A</u> Registr	ddress: ation Section		
		Corporations		n of Corporations		

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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NUL		DUNER	1.133111	1111111111111	

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/26/2018}{2}$ __ and assigned Florida document number _ L19000000818 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 8600 COMMODITY CIR., SUITE 131 (Mailing address MAY BE A POST OFFICE BOX) ORLANDO, FL 32819 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: ELGHONEMY, AHMED Name of New Registered Agent: 3520 Mount Vernon Way New Registered Office Address: Enter Florida street address Kissimmee _, Florida <u>34741</u>

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

City

Alimed Elghonemy

If Changing Registered Agent, Signature of New Registered Agent

* QocuSigh Envelope ID: 49FB4839-F485-4A67-A955-1C8A56C0EFD2
11 amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Amal Elwan	2241 Palmetto Glen Drive, apt. 100	□Add
		Kissimmee, Fl. 34741	≣Remove
			□ Change
MGR Ahmed Elghonemy	Ahmed Elghonemy	3520 Mount Vernon Way	
	Kissimmee, FL 34741	□Remove	
			□Change
			□Add
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Note: 11	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ('the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	2/28/2023
	Alimed Elghonemy
	Signature of a member or authorized representative of a member
	GTB REAL ESTATE INVESTMENT, LLC, by Ahmed Elghonemy, its Manager
	Typed or printed name of signee

Filing Fee: \$25.00